

ANNUAL DCMC REVIEW FORM FOR DOD MENTOR-PROTÉGÉ AGREEMENTS

Review Date: _____ **Period Covered by Review:** _____
Reviewed by: _____ **Title:** _____ **Phone:** _____
ACO (Name): _____ **Phone:** _____ **Fax:** _____
Status: MEETING MILESTONES ☐ NOT MEETING MILESTONES ☐ CORRECTIVE ACTION REQUIRED ☐

MENTOR FIRM: _____ **PROTÉGÉ FIRM:** _____
 Point of Contact: _____ Point of Contact: _____
 Phone: _____ Phone: _____
 Fax: _____ Fax: _____
 Email: _____ Email: _____

PART I: AGREEMENT INFORMATION

Period of Performance Start Date: _____ End Date: _____
Type of Agreement Credit Agreement ☐ or Reimbursable Agreement ☐

PART II: DEVELOPMENTAL ASSISTANCE

ASSISTANCE TO BE PROVIDED (Based on MP Agreement; check all that apply)		ASSISTANCE PROVIDED (Cumulative) (Based on discussions with mentor and protégé; check all that apply)	
Business Infrastructure Development	<input type="checkbox"/>	Business Infrastructure Development	<input type="checkbox"/>
Marketing Support	<input type="checkbox"/>	Marketing Support	<input type="checkbox"/>
Manufacturing Training	<input type="checkbox"/>	Manufacturing Training	<input type="checkbox"/>
Quality Training	<input type="checkbox"/>	Quality Training	<input type="checkbox"/>
Engineering/Technical Training	<input type="checkbox"/>	Engineering/Technical Training	<input type="checkbox"/>
Equipment Provided	<input type="checkbox"/>	Equipment Provided	<input type="checkbox"/>
Financial Assistance	<input type="checkbox"/>	Financial Assistance	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>

PART III: DEVELOPMENTAL ASSISTANCE COSTS FOR ALL AGREEMENTS:

COSTS INCURRED BY MENTOR		COSTS INCURRED BY PROTÉGÉ	
Reimbursed	\$ _____	Reimbursed	\$ _____
Unreimbursed*	\$ _____	Unreimbursed*	\$ _____

*Incurred costs, not allowable for direct reimbursement

FOR CREDIT AGREEMENTS ONLY:

Credits taken by mentor for this agreement (as reported on SF294/295s)	THIS REPORTING PERIOD	CUMULATIVE FROM START OF AGREEMENT
Total DoD SDB credits		
Total other Federal Agency credits		
TOTAL		

PART IV: VERIFICATION of DoD Mentor-Protégé Agreement Semi-Annual Report:

- _____ a. Semi-Annual Reports were prepared and submitted properly
- _____ b. Mentor forwarded copy to the Protégé
- _____ c. Reconciled semi-annual report(s) with rebuttal(s) provided by protégé
- _____ d. Verified *Financial Status (Part IB)* on semi-annual reports
- _____ e. Verified *Return on Investment (Part II)* on semi-annual reports
- _____ f. Verified *Developmental Assistance (Part III)* provided
- _____ g. Verified *Progress toward Milestones (Part IV)* from Mentor-Protégé Agreement (as amended)
- _____ h. Verified Subcontracts awarded to Protégé (*Part IIA*) with Mentor
- _____ i. Verified *Protégé Data (Part IIA)* with protégé
- _____ j. Verified subcontracts properly recorded on the SF294/SF295s (DoD only)
- _____ k. Verified *Mentor SDB subcontract (Part IIB)* agrees with SF295 data.
- _____ l. Verified credit for developmental assistance properly recorded on SF294/SF295s for both DoD and other Federal reports

- ____ m. Discussed program performance with the mentor
 ____ n. Discussed program performance with the protégé

PART V: MENTOR/PROTÉGÉ COMMENTS:

SOURCE FOR INFORMATION:

MENTOR (Name/Title)	DATE
PROTÉGÉ (Name/Title)	DATE

_____ Signature (Reviewer)	_____ Title	_____ Date
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Please submit signed original of this report, the SF295s for this reporting period (SF294s showing credit taken, as appropriate), semi-annual reports submitted, and an executive summary which includes status of agreement, recommendations for improvement, and items requiring attention or corrective action which has been taken. Please forward this complete submission not later than January 31 following the annual review cycle to:

**Mentor-Protégé Program Manager
 DoD OSADBU
 Room 2A338, Defense Pentagon
 Washington, DC 20301-3061**

with a copy of the complete submittal to the cognizant Service/Agency OSADBU (reimbursable agreements only)